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ABSTRACT

As with any innovation, professional counselors need to be well trained and knowledgeable before they begin using online technology. This chapter provides an overview of different ways to use the Internet in counseling practice--not necessarily as a replacement for face-to-face counseling, but as a tool with a variety of purposes within the therapeutic process. Highlighted are the features of Internet counseling, assessing the appropriateness for Internet counseling, methods of cybercounseling, computerized assessment tools, professional development through technology, and cyberethics. (Contains 18 references.) (GP)

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by

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Chapter Ten

Off the Couch and Online: Technology in Family Counseling

Patricia W. Stevens and Kerrie Shulman

In the month of June 2001, 167.1 million people accessed the Internet. Over the past 12 months 40 million Internet searches were done to access health and medical information, with 40% of these searches seeking mental health information. To date, more than 60,000 mental health sessions have been conducted using telecommunication methods, with the number of e-mail sessions ranging from 5,000 to 25,000 per day (Freeny, 2001). Although reliable statistics about Internet use are difficult to obtain because of the newness of the technology and the intricacies of the cyberworld, the Internet is clearly having an impact on our professional and personal lives.

The use of the Internet to access health information is by no means limited to the young. One survey shows that, in fact, seniors over age 60 "are moving toward the Internet at a faster pace than other age groups" (MCOL, 2001). As the Baby Boomers move into their sixties, the prediction is that Internet usage will increase at an even higher rate. These statistics have vast implications for counselors.

As professionals with a long history of face-to-face counseling

sessions conducted behind closed doors, many counselors are having difficulty shifting into this new dimension. Whether you are a reluctant computer user or an excited computer user, our clients are using the Internet. They are seeking information and consultation through the web.

As with any innovation, professionals need to be well trained and knowledgeable before they begin using online technology. This article will provide an overview of different ways to use the Internet in your practice—not necessarily as a replacement for face-to-face counseling, but as a tool with a variety of purposes within the therapeutic process.

Features of Internet Counseling

Traditional counseling occurs in an atmosphere utilizing all five senses of both the counselor and client. Counseling in the cyberworld has a very different dimension. In cybercounseling the sensory exchange between client and counselor is limited. Video technology, which allows clinicians to see the visual cues they frequently use for the purpose of diagnosis and treatment, is not commonly available. This absence of nonverbal behavior may influence (either positively or negatively) the way a client perceives counseling and consequently affect the dynamics of the therapeutic relationship (either positively or negatively). Critics of online counseling cite this loss of visual cues as a pitfall with the potential to hinder counseling and treatment. Proponents, in contrast, consider this a potentially positive feature for both the client and counselor. They sometimes give Freudian counseling as an example of an approach that does not use the client's visual cues in treatment or diagnosis and that, in fact, discourages interaction between the client and counselor. Freeny (2001) states, "Counterintuitively, it appears that the absence of visual cues during e-mail counseling is actually disinhibiting, even if the client is known to the clinician" (p. 34). Moreover, Internet language has begun to develop its own means of affective communication. Suler (1999) gives the following examples of language and symbols used as visual cues to affect: "smileys, spacing, punctuation, ASCII art, special keyboard

characters, and font size, color, and style" (p. 5). These symbols are becoming common language for anyone who uses the Internet with any regularity. In fact, Internet language is changing our daily face-to-face interactions as we incorporate these words into our speech (Suler, 2001).

Another dimension that distinguishes cybercounseling from live counseling is the increased level of anonymity. Clients have the option of presenting themselves in any manner they choose. Clients may use this freedom to present themselves as they truly are with no restrictions or to present themselves as someone totally different than who they are. Grohol (cited in Freeny, 2001) notes, "people's sense of anonymity on the web seems to free them and encourage more candid communication. It helps many people overcome the stigma of seeking mental health treatment" (p. 34). Clients further reported that they were able to respond without worrying about how the counselor would react to their comments and that they appreciated not being restricted by time, so they could take time to consider and frame their communications.

Cybercounseling transcends temporal and spatial boundaries. The Internet brings together a diverse group of people from a variety of locations in a way that was not possible before the web was available. "Geographical distance makes little difference in who can communicate with whom . . . the irrelevance of geography has important implications for people with unique interests or needs" (Suler, 1998a, p. 2). This removal of the geographic limitation results in immense availability of resources for both client and counselor. The Internet also opens up an avenue for a varied assortment of relationships. Suler remarks on these relationships, saying, "With relative ease, a person can contact people from all walks of life and communicate with hundreds, even thousands of people" (p. 3).

Participants in online counseling may take a few minutes or a few days to think about their responses. This allows them to articulate their feelings or thoughts on the presented subject with care. Another interesting feature of cybercounseling is that the communication can be permanent and tangible. Both client and clinician may print out or

save communications for later reference. Having the client review e-mail correspondence from time to time can be a powerful tool for measuring growth or proximity to completing goals. For the counselor this e-mail record provides an opportunity to regularly analyze the process and effectiveness of the counseling.

The shifts in the constructs of time, geographic location, physical presence, and availability of resources are just a few of the examples of how technology is changing the profession. The rules of the counseling relationship as we currently conceptualize them are no longer applicable as we begin the twenty-first century. We need to familiarize ourselves with the variety of methods for using online technology effectively in our counseling work, our business management, and our professional development.

This chapter provides a plethora of examples to whet your appetite. As with any new technique, it is important to learn to use the technique appropriately rather than letting it use you. With this in mind, you must begin by determining whether the clients or families you choose to work with are appropriate candidates for electronic counseling.

Assessing Appropriateness for Internet Counseling

Because the Internet has created the ability to transcend geographic and personal boundaries, mental health professionals can now serve populations that might otherwise not seek services. Families with individuals who are disabled and unable to leave the house, who do not speak, who have agoraphobia, or who are concerned about the stigma of seeking mental health services may embrace online counseling and psychoeducation. For families living in rural areas, online technology facilitates their access of counseling services (Powell, 1998). Online counseling may be appealing to clients who are frequent business travelers or those whose schedules are so hectic that they find maintaining a consistent office visit schedule difficult. The increasing availability of online counseling through the Internet has triggered a heated and highly polarized debate among professionals concerning the appropriateness of this means of service

delivery (Powell, 1998). The American Counseling Association's Ethical Standards for Internet Online Counseling (1995) contains a section devoted to this issue. It states, among other things, that "professional counselors develop an appropriate intake procedure for potential clients to determine whether online counseling is appropriate for the needs of the client" (p. 13).

Further, the International Society for Mental Health Online (ISMHO) has been created to meet the growing needs of online counselors. ISMHO established a list of questions to help assess client appropriateness for online counseling and develop clear and appropriate intake procedures. Here are some of these questions (ISMHO, 2001, pp. 1–5):

- What communication methods are adequate or preferable for assessing the client?
- How might the person's computer skills, knowledge, platform, and Internet access affect the counseling?
- How knowledgeable is the person about online communication and relationships?
- How well suited is the person for the reading and writing involved in text communication (e-mail, chat)?
- How might previous and concurrent mental health treatment affect online counseling?
- How might personality type, presenting complaint, and diagnosis influence the person's suitability for online counseling?
- How might physical and medical factors affect online counseling?
- How might cross-cultural issues affect the counseling?
- What other online resources might be appropriate to incorporate into a treatment package?

The ISMHO (2001) suggests that assessing the clients within the medium in which counseling will be performed (in this case, electronically) is important. You may need to employ other media as well in order to conduct an accurate assessment with a family, including an initial face-to-face or telephone meeting. Another factor

of major importance is whether or not a family has access to the resources (e.g., software, Internet access) necessary for counseling. You will also want to verify that family members have sufficient knowledge of the technology to ensure successful interaction. In addition to technical skills, the potential clients need to understand the dynamics of Internet relationships. You will want to examine the family members' abilities to read and write adequately and in a manner suitable for text-based interventions. Another factor to address is the family's expectations for online counseling as opposed to face-to-face counseling, especially if they have received prior counseling. Finally, you will want to evaluate the level of care family members need and be ready to make referrals if necessary.

Another ISMHO criterion for Internet counseling focuses on client characteristics:

> As a rule of thumb, severe pathology and risky behaviors—such as lethally suicidal conditions—may not be appropriate for online work. Tendencies towards poor reality testing and strong transference reactions may become exacerbated in text communication, thereby making them difficult to manage and potentially destructive to treatment. People with borderline personality disorders can often challenge the boundaries of therapy, which can be especially problematic in e-mail communication and when combining different methods of communication. (ISMHO, 2001, p. 5).

Once you have familiarized yourself with the differences between the processes of counseling online and off-line, and have carefully screened the appropriateness of counseling candidates, online counseling can begin. Any numbers of therapies are available through the Internet. Individual, couples, family, and group counseling are all accessible via the Internet, as are psychoeducational and professional development sites. These services are provided through a variety of methods.

Methods of Cybercounseling

According to John Grohol (cited in Freeny, 2001) approximately 90% of online counseling is text based. Text-based communications are written messages typed via a keyboard (or for clients with disabilities possibly other means). Text-based communication encompasses e-mail, chat rooms, bulletin boards, and web pages. Text-only communication obviously provides no visual cues. The use of a web or video camera in conjunction with text or telephone communication is becoming more feasible as the price of the video equipment drops, the quality of the image increases, and the bandwidth available for a computer connection expands. Suler (2001, p. 5) outlines the value of using typed text in cybercounseling:

- The absence of face-to-face interaction encourages some people to be more honest and expressive.
- Some people, due to their cognitive or interpersonal styles, may naturally express themselves better, comprehend others better, or both through writing.
- Some people who balk at seeing a counselor in person (due to factors such as anxiety about self-disclosure or the stigma of being a patient) may be more willing to seek text-based help because of the anonymity it offers.
- The process of writing may tap therapeutic cognitive processes and encourage an observing ego, insight, working through of issues, and the therapeutic construction of a personal narrative, as in journal writing or bibliotherapy. For some people, text communication taps and strengthens cognitive processing, which could be an asset in cognitive therapies.

Types of Text Communication

There are two general types of text communications: synchronous and asynchronous. In synchronous communication, all parties are meeting in real time. Everyone involved in a synchronous chat is sitting at a computer at exactly the same time. No matter where they

are geographically located, they are interacting with one another almost instantaneously. Two types of synchronous chats are instant messaging and chat rooms. In rare cases, synchronous communication can be achieved via e-mail, if messages are delivered immediately. Synchronous communication allows counselors to interact instantaneously with all family members, even if they are geographically distant, providing immediate feedback and ongoing conversation. Suler (2001) characterizes synchronous chats as "message by message conversations in which a button is pressed to transmit a message, as well as more synchronous chat conversations where everything that both parties type can be seen as it is being typed, including typos, backspacing, and deletions" (p. 3). A specific example of a synchronous communication is a parenting skills chat room (available through a variety of Internet browsers such as AOL, Yahoo, and Netscape) in which all participants are logged in and responding to one another immediately in writing. Another example is a private chat between a family and counselor in a real-time chat room hosted by an Internet provider. In such a case, the counselor and family make an appointment and agree on how long the chat will last, and only the family and the counselor are involved. As such, this situation mimics an in-office appointment. Suler (2001) summarizes a few of the pros and cons of synchronous text communications as related to the therapeutic relationship. A synchronous chat allows the family and the counselor to make a time-limited appointment during which to meet. The real-time text communication simulates actually being in the counselor's office and invites inspiration by all parties involved. On the other hand, it may also be difficult to schedule synchronous communication around differing time zones and geographical locations.

Asynchronous communication allows for time distance between the participating members because they do not need to be sitting at their computers at the same time. In fact, hours or days may elapse between a communication and the response to it. Suler (2001) characterizes asynchronous communication as "a stretching of the time frame in which the interaction occurs, or no sense of time

boundary at all" (p. 4). Examples of asynchronous communication include message boards or listservs, e-mail, and online groups.

Message Boards or Listservs

Message boards are threaded discussions available through a variety of Internet sites such as the Stepfamily Association of America (http://www.saafamilies.org). In a threaded discussion, participants post messages and respond to other people's messages. The message board may be open to anyone or it may be password protected and available only to a certain group of participants. Threaded discussions usually do not happen in real time. One person posts a question, and over a period of time, other people respond to the question, sharing their experiences. Participants may post and respond at their leisure. The structure of the message board creates the thread because the original message can be shown first and responding messages connected to it, usually by indenting the reply under the original message. Examples of message boards are discussion forums on how to handle curfew issues with adolescent children or how to engage in a "fair" fight with your partner.

E-mail

E-mail, another means of asynchronous communication, is "the method most often used by psychotherapists to work with clients, mostly because it is easy to use and rapidly becoming a very popular method of communicating" (Suler, 2001, p. 5). E-mail can be used as the medium for counseling or as a means of communication between sessions. "E-mail is a great way for a therapist to stay in touch with clients between sessions, not only for setting up, changing, and reminding them of appointments, but for providing supportive messages and keeping in touch when either the client or therapist has moved away" (Dickerson, 2001, p. 35). Freeny (2001) describes an instance of using e-mail as a between-session counseling technique. While on vacation, he opted to contact a client in crisis via e-mail in order to provide support. Freeny remarks, "When I got back, we

resumed our face-to-face sessions as if they had never been interrupted. In fact they hadn't been interrupted, only altered to accommodate the medium of e-mail" (p. 34). The following lists illustrate the pros and cons of asynchronous communications as related to the therapeutic relationship (adapted from Suler, 2001, p. 3):

Pros

- There are no scheduling problems or other difficulties associated with a specific appointment time. Different time zones are not an obstacle.
- Being able to reply when you're ready and have time is a major convenience.
- There is an "enhanced zone for reflection" that allows both you and the client to think about and compose replies. For the client, this might have important implications for issues concerning impulsivity. You have the advantage of being able to plan replies more carefully and manage countertransference reactions more effectively.

Cons

- The professional boundaries of a specific, time-limited appointment are lost. Because there are not yet any standards for interacting in an asynchronous time frame, you must set boundaries in a way that makes sense to the client and that works for you. Otherwise, you might be overwhelmed with numerous and frequent e-mails from the client or might receive only sporadic and infrequent communications.
- There is a reduced feeling of "presence" because you and the client are not together in the same place and time.
- Some of the spontaneity of interacting in the moment is lost, along with the information about a person that spontaneous actions may reveal.
- Not meeting at a specific place and time may lessen the client's sense of commitment.
- Pauses in the conversation, late arrival at a session, and not

showing up are lost as psychologically significant cues (although pacing and length of replies in asynchronous communication do provide some cues).

Although there is much value in using text communication as a means of counseling or an adjunct to counseling, this mode raises pertinent issues:

1. With increased anonymity comes the risk of not knowing with certainty the identity of the person(s) typing the text.
2. People vary in their skill in using written words, and written communication may become difficult to understand at times.
3. Third, for some individuals, establishing trust may be more difficult with a counselor they have never met.

Online Groups

A popular way of using technology in counseling today is the provision of group services via the Internet. A various assortment of online groups have been created in many genres, including therapeutic groups, support groups, and psychoeducational groups. Some groups are set up by a professional, and others are e-mail groups in which no formal leader is identified. Suler (1998b) says of this type of online counseling, "such groups can exist as mailing lists or newsgroups, in which the meeting is asynchronous, or in conference/chat environments, which involve synchronous communication" (p. 1). Online groups transcend both time and space. They create a sense of universality that eliminates geographical boundaries, and perhaps also gender and culture. Suler (1998b) describes online groups as a true "grass roots phenomenon" in which one of the advantages "as compared to the real world is that people with similar concerns easily find each other and form meetings" (p. 1). "Online support groups are based on the same tenets of traditional support groups. Both types of support groups encourage members to express concerns, emotions, and ideas; offer advice and support; ask questions; and share information in an anonymous setting" (Gary & Remolino, 2000, p. 98).

Computerized Assessment Tools

Another important use of technology in counseling is computerized assessment tools. "Under the right conditions and with proper use, using technology to foster assessment is a great way to go" (Wall, 2000, p. 237). Computerized assessment provides accessibility and immediate feedback, assesses higher-order skills, and assists people with disabilities. Clients can take computerized tests from home or at their leisure. Wall (2000, p. 239) adds, "The potential for immediate test scoring and feedback is a key advantage with technology-delivered assessment that can be a significant motivator for persons taking assessment instruments." Computer-based assessments tap into and utilized a client's cognitive skills in a way that paper-and-pencil assessments do not. For example, people with disabilities may take a test using individualized modifications that suit their particular special needs, such as an enlarged font, a touch screen, or a voice-activated computer. Two examples of assessment web sites are www.powerinside.com, a for-profit site where counselors may purchase services, and http://assessments.ncs.com, which offers free assessments.

Although computerized assessment does have many advantages, Wall (2000) mentions possible pitfalls as well: "Persons with limited resources, and especially those without computers, who may in fact be more in need of assessment services, could be blocked from using essential assessments due to resource restrictions" (p. 240). Another concern is whether or not computerized tests are as secure as paper-and-pencil tests. Confidentiality may be compromised or the identity of the test taker unknown. Wall also points out that "gender and racial and ethnic fairness" may be an issue with regard to differences in access to and degree of comfort with computers and technology (p. 243). Finally, as with all tests and assessments, proper interpretation is critical. Although immediate feedback is a positive, this immediacy should not in any way detract from proper interpretation.

Professional Development Through Technology

Technology has provided new avenues for counselors to enrich the business and clinical aspects of their practice. The Internet offers "an abundance of mental health sites featuring practice management, useful products, professional advice, research articles, clinical advice, and peer networks" (Dickerson, 2001, p. 34). A survey conducted by *Psychotherapy Finances* published in October 2000 ("Fee, Practice, and Managed Care Survey," p. 11) shows that more than 50% of clinicians surveyed in both solo and group practice use computers for Internet access, word processing, billing, and e-mail communication. One in four keeps electronic records and less than one in three files claims or authorizations electronically. It is of interest to note, however, that only 3% of group practitioners and 14% of solo practitioners surveyed did not use the computer for any professional applications.

Table 1. Percentage of Counselors Using the Computer for Various Functions

Type of Activity	Solo Practice (% of Counselors)	Group Practice (% of Counselors)
Word Processing	76	91
Billing	55	84
E-mail	52	50
Internet	50	53
Patient records	25	28
Electronic claims	11	37
Electronic authorizations	2	8
No computer	14	3

The Internet is a convenient option for professional development

activities. Several web sites have been created for the purpose of counselor professional development. Sites such as www.digitalceu.com, www.capellauniversity.edu, and www.planet-therapy.com offer online continuing education units for family counselors and other mental health practitioners. (Note: We offer these sites and others in this chapter as examples only and do not necessarily endorse them over other sites.)

Many state licensure boards require counselors to take courses for licensure or licensure renewal. For example, in Colorado a jurisprudence workshop is mandatory for practicing in the state. This workshop is available either as an all-day traditional workshop or on the Internet (www.digitalceu.com). This gives clinicians an alternative to taking time away from home or work to complete the workshop requirement.

Clinicians' support communities, such as clinical discussion groups, have also proliferated on the web.

> One example,www.shrinksonline.com, describes itself as a format that enables professionals everywhere to communicate with one another, so they can share ideas and experiences in an atmosphere of support from their professional community. ShrinksOnline gives everyone working in behavioral healthcare an opportunity to exchange dialogue, challenge convention, and help shape public policy. We have created areas on the site where serious discussion about current issues is encouraged, as well as areas that make it fun and easy to debrief, share experiences and just blow off steam. (www.shrinksonline.com/about-us.cfm)

The Internet provides a wealth of information right at the fingertips of the discriminate user. Clinicians can access useful information in order to stay current on particular topics of interest. For example, a subscription to www.Medscape.com, yields weekly cyber newsletters giving current psychiatric information, including medication information.

Professional organizations such as the American Counseling Association (www.counseling.org), the International Association of

Marriage and Family Counselors (www.iamfc.org), and the American Association for Marriage and Family Therapy (www.aamft.org) offer a variety of up-to-date articles on a variety of pertinent subjects. Other organizations in many specialty areas offer online educational information (www.aasect.org, www.iapt.org, or www.bgsu.edu/colleges/edhd/programs/AMCD/HomePage.html).

These sites and others can assist you in staying current on information in the field. Because clients also can access much of the same information, they may research information on the Internet before they seek services. As clients become more knowledgeable, family counselors have an ethical responsibility to maintain a high level of expertise. As an example, one way you might gather information would be to visit the same bulletin board on communicating with partners that your clients accessed. This serves two purposes: It gives you a context for understanding some of the couple's behaviors, and the fact that you took the time to visit the web site may strengthen your bond with the couple.

Cyber Ethics

As mentioned earlier, with new concepts introduced into the field come new considerations for ethical practice that professional organizations and individual clinicians need to address. Cybercounseling must uphold the same ethical codes as face-to-face counseling, but additions or modifications to the codes may be necessary to meet the unique challenges of family cybercounseling. Web-based family counseling presents new challenges in the management of ethical dilemmas. Hughes (2000) cites confidentiality, duty to warn, and competence as central ethical issues relevant to using technology within the counseling arena.

Confidentiality

Confidentiality, both online and in person, is an extremely important ethical concern. Online counseling gives rise to unique and novel questions about the limits of confidentiality. In online counseling,

you cannot be aware of who is actually in the room with the family or which individuals within the family are participating. In addition, non–family members may have access to the server or e-mail accounts that are being accessed. It is important to be aware that by law messages transmitted to or from a client's place of employment may be accessed and read by a supervisor. As such, the 2001 National Board of Certified Counselors Standards for the Practice of Webcounseling states that "encryption methods should be used whenever possible. If encryption is not made available to the family, families must be informed of the potential hazards of unsecured communication on the Internet. Hazards may include authorized or unauthorized monitoring of transmissions and/or records of webcounseling sessions (p. 2). The American Counseling Association's Ethical Standards for Internet Counseling (1995) contain a similar warning. ACA goes a step further by stating, "Professional counselors provide one-on-one counseling only through 'secure' web sites or e-mail communications applications which use appropriate encryption technology" (p. 12). According to ACA, "professional counselors provide only general information from 'non-secure' web sites or e-mail communication applications" (p. 12).

Duty to Warn

Duty to warn becomes more complicated in the cyberworld. In some cases you may not know the identity of the family members who are clients. You may live in a different state than your clients, which raises concerns about legal jurisdiction regarding licensure and the right to practice as well as how to report abuse or imminent danger to authorities. The physical distance between you and your clients creates another problem. In the event of imminent danger, you must rely on the information the clients give you in order to provide protection. You are also reliant on professionals in the geographic location where the clients live (sometimes across the country) to keep the clients or potential victims from harm. Therefore, there are even fewer viable methods of keeping clients safe than in traditional counseling settings. Although web sites have been established to assist suicidal clients

(e.g.,www.samaritans.com) these also create potential hazards for you and your clients.

Competence

King, Engi, and Poulos (1998) discuss the boundaries of competence as one of the central issues surrounding the use of technology in counseling. Section C.2a of the ACA code (1995) reads:

> Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (p. 5)

With the use of the Internet within the family counseling professions being so recent, it is difficult to gauge the appropriate competency level of practitioners. King and colleagues (1998) comment on the newness of the Internet in the profession: "The Internet is a new medium for assisting in the therapeutic process, and to date there is not a body of empirical research to determine the effectiveness of using this method. When acquiring informed consent for any as-yet-untested clinical approach, clients should be informed in writing that the method is new and untrialled [sic]" (p. 47). To ensure that you are competent to practice counseling via technology, you can seek consultation and supervision from other professionals practicing in this realm.

Other Ethical Concerns

Some additional ethical issues are worth mentioning: Review your liability insurance to find out whether it covers electronic transmissions prior to incorporating this tool into your practice. Also research any state-specific regulations regarding the limitations and liabilities of cybercounseling. As in any counseling setting, you have

a responsibility to complete a thorough assessment to ensure that clients are appropriate for entry into this type of counseling, and you should provide links to regulatory agencies and directions for reporting ethical violations.

Another important ethical concern in the practice of online counseling is the issue of consent, particularly when dealing with minors. It is important to use due diligence to try and ascertain that the person is legally of age to seek counseling services or, in the case of family therapy, that you have parental consent to work with minor clients.

Additional Online Family Interventions

The types of online counseling methods mentioned in this article lend themselves well to family counseling. King and colleagues (1998) comment on using the asynchronous chat in family counseling: "This ensures that each family member involved will be able to find the most appropriate time to participate according to their own schedule. Also, they can delay responding to their family members until they have considered fully their intended communication" (p. 45). This type of chat allows marriage and family counselors to reach family members in different geographical locations and time zones. The Internet may open communication channels for family members who are emotionally cut off. When participating in this type of asynchronous communication you would monitor the conversation and reply to everyone involved. In your e-mails back to the family, you might offer therapeutic insight and comments on family interactions and patterns.

The Internet and e-mail have become a major method of communication among children and adolescents. This avenue has given youth a new voice and a new way of conversing. It further gives parents and counselors a way to meet children and adolescents at their level. Casey (1992) talks about using home entertainment software to encourage relationship building, commenting that "professionals have infused video games into the relationship-building

stage of the counseling process through several strategies" (p. 1). Video games can be used to strengthen the parent-child relationship as well as the therapeutic relationship.

Conclusion

Mental health professionals can no longer ignore the Internet and the variety of methods for engaging families through this medium. As professionals we need to be proactive in integrating technology into our field. Ethical guidelines, training, and supervision and licensure issues continue to be muddled. The challenge for the future is to ensure that Internet use in the field is of high quality, ethical, and legal. These issues, not the use of the Internet itself, are the ones we continue to struggle with.

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